



Enrollment form.

Plan name: CWA Savings and Retirement Trust

Plan ID: 990500050

You must complete this form whether you choose to participate in the plan or not. Complete Section 1 and choose the appropriate boxes in Sections 2 and 3. Complete the remaining sections as indicated. If you choose to participate in the plan, you must also complete the Designation of Beneficiary Form. Changes to your existing account balance or future investment elections may be made by calling the Retirement Plan Information Line at **1-800-854-0647** or by logging on to your Retirement Access account at **cwasrt.com**. Your original enrollment form must be completed and returned to **CWA Savings and Retirement Trust, ATTN: Trust Office, 501 Third Street, NW Washington, DC 20001. Phone: 1-800-987-0721 Fax: 1-202-783-2748.**

1. EMPLOYEE INFORMATION.

Name _____ Employer name _____

Address _____

City _____ State _____ Zip code _____

Social Security Number _____ Date of birth _____

Email address _____ Daytime phone number _____

2. TYPE OF ENROLLMENT.

New employee _____ Plan entry date _____

Re-enrolled employee _____ Re-enrollment date _____

3. ELECTION TO MAKE CONTRIBUTIONS.

I authorize my employer to withhold from my wages each pay period a before-tax amount equal to _____%.
(Not to exceed 50%) **Note:** Before-tax contributions are determined by your CBA/Joinder Agreement.

I authorize my employer to withhold from my wages each pay period an after-tax amount equal to _____%.
(Not to exceed 10%) **Note:** After-tax contributions are determined by your CBA/Joinder Agreement.

I choose not to make salary deferrals in the Plan.

4. INVESTMENT ELECTION.

The Plan offers you two different ways to manage your account. You may select your own investments by choosing from the individual options on the **following page** or you can select ONE Asset Allocation Strategy. The Asset Allocation Strategies offer a pre-mixed investment approach.

Option 1: Select your own investment options

The funds in your plan are grouped by asset class. To create your own asset allocation strategy, enter your investment election percentages at right, using whole numbers only (multiples of 1%). **Make sure your percentages total 100%.**

International Stocks

American Funds Euro-Pacific Growth Fund _____%

Dreyfus International Index Fund _____%

Small/Medium Cap Stocks

Victory Established Value Fund	_____%
Columbia Small Cap Value II Fund	_____%
Eaton Vance Special Equities Fund	_____%
Janus Enterprise Fund A	_____%
Dreyfus Mid Cap Index Fund	_____%
Dreyfus Small Cap Stock Index	_____%

Large Company Stocks

American Funds Growth Fund of America	_____%
Dreyfus S&P 500 Index Fund	_____%
Calvert Social Investment Equity Fund	_____%
MFS Value Fund	_____%

Stocks & Bonds

Janus Balanced Fund A	_____%
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Bond

PIMCO Total Return	_____%
Templeton Global Bond Fund	_____%
MFS Inflation-Adjusted Bond Fund	_____%

Stable Value

Fixed Fund	_____%
MFS Money Market Fund	_____%

Total	_____%
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Please note: Exchanges from the Fixed Fund into the MFS Money Market Fund are prohibited. The Fixed Fund does not permit exchange from the Fixed Fund to funds defined as similar funds. Similar funds are generally defined as money market, short term, or intermediate term bond funds which have duration/maturity of four years or less.

Option 2: Select one of the Asset Allocation Strategies

Asset Allocation Strategies seek to provide a simple, one-step approach to investing by offering you a choice of four Funds based upon risk tolerance. Designed to be used as a single-choice investment approach, each Asset Allocation Strategy is made up of a pre-selected mix of mutual funds. Please review the enclosed Investment Questionnaire and the Asset Allocation Strategies Chart.

Choose **ONE** of the following:

- | | |
|---|--|
| <input type="checkbox"/> Conservative Allocation Strategy | <input type="checkbox"/> Growth Allocation Strategy |
| <input type="checkbox"/> Moderate Allocation Strategy | <input type="checkbox"/> Aggressive Growth Allocation Strategy |

5. PARTICIPANT SIGNATURE.

By signing below, I acknowledge I have read a copy of the prospectus for each fund to be purchased and understand its terms.

I have the right to change, amend, or otherwise revoke this agreement, in writing, subject to plan administration provisions.

Employee signature _____ Date _____

6. CWA TRUST OFFICE AUTHORIZATION.

CWA Trust Authorization _____ Date _____

Before investing, you should carefully consider the investment objectives, risks, charges and expenses of the mutual funds or The Hartford's group variable annuity products and funding agreements, and their underlying funds. For fund and product prospectuses and/or a disclosure document containing this and other information, contact your financial professional or visit our website. Read them carefully.

"The Hartford" is The Hartford Financial Services Group, Inc. and its subsidiaries, including Hartford Life Insurance Company, Hartford Retirement Services, LLC ("HRS"), and Hartford Securities Distribution Company, Inc. ("HSD"). HSD (member FINRA and SIPC) is a registered broker/dealer affiliate of The Hartford.

Retirement programs can be funded by group fixed or variable annuity products and funding agreements issued by Hartford Life Insurance Company (Simsbury, CT). Group variable contracts are underwritten and distributed by HSD, where applicable. HRS and HSD offer certain service programs for retirement plans through which a sponsor or administrator of a plan may also invest in mutual funds on behalf of plan participants.